



DEFENDANT'S  
EXHIBIT

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# High School Equivalency Certificate

having satisfactorily passed comprehensive examinations prescribed by the State of Alabama, Department of Education, thereby demonstrating satisfactory evidence of general educational development equivalent to high school graduation, is hereby awarded this  
**HIGH SCHOOL EQUIVALENCY CERTIFICATE, Number NS-0238904**



*John J. ...*

CHAIRMAN, STATE BOARD OF EDUCATION  
GOVERNOR, STATE OF ALABAMA



In witness whereof our names and the seal of the State Board of Education, Montgomery, Alabama, are hereto affixed. This the

16TH day of OCTOBER, 1996

*...*  
STATE SUPERINTENDENT OF EDUCATION

DEFENDANT'S  
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PROGRESS NOTE  
CHEAHA REGIONAL MENTAL HEALTH/MENTAL RETARDATION BOARD, INC.  
P.O. BOX 1248  
SYLACAUGA, AL 35150

Consumer Name: Sally HooperClinician Name: Anthony ChittumNext Appointment Date: 12-89-02

Please call at least 24 hours in advance to cancel appointment

Sylacauga Office 256-245-2201

Talladega Office 256-362-3600

Lineville Office 256-396-2150

Randolph Office 334-863-2518

Intake/Evaluation 1500	Med. Monitoring 1580
Phy. Med. Assess. 1560	Consultation 1650
Diagnostic Testing 1510	Pre Hosp. Screen 1550
Crisis Inter. After hours 1598	Family Support Grp. 1630
Crisis Intervention 1590	Family Support Ind. 1620
Individual Therapy 1520	In Home Interv. Trn/CA 1663
Family Therapy 1540	In Home Interv. Trn/Ad 1660
Group Therapy 1530	
Medication Admin. 1570	

DATE	START TIME	END TIME	STAFF	CASE #	PRO. #	LOCATION	ACTIVITY CODE	GROUP SIZE
12.9.02	2:00	2:59	160	48420	019	1000		01
CASE #	PROCEDURE CODE	GROUP SIZE	UNITS	DAY	CENTER #	WORKER	LOCATION	
48420	10	01	100	89	04	160	1000	

Mental Status: Check where applicable

Appearance/Grooming: ☒ Appropriate ☐ Inappropriate Affect: ☒ Appropriate ☐ InappropriateMood: ☒ Anxious ☐ Dysphoric ☐ Euthymic ☐ Expansive ☐ Irritable ☐ Other

THOUGHTS OR PERCEPTIONAL DISTURBANCES:

☐ Hallucinations ☐ Delusions ☐ Suicidal ☐ Homicidal ☐ Paranoid ☒ N/ASleep: ☐ Good ☐ Fair ☒ Poor ☐ Insomnia ☐ Nightmares ☐ HypersomniaAppetite: ☐ Good ☒ Fair ☐ Poor ☐ Anorexia ☐ BulimiaOrientation: ☐ Normal DEFICITS: ☐ Person ☐ Place ☐ Time ☐ SituationMotor Activity: ☐ Calm ☒ Restless ☒ Shaking/Tremor ☐ Tics ☐ PacingMedications: (As Reported) ☒ N/A ☐ Compliant ☐ Non-CompliantSide Effects From Medications: ☒ N/A ☐ No ☐ Yes, Describe

COMMENTS:

see INTAKE

Goals:

Interventions:

Outcome: (Current GAF Score):

Plan:

Provider Signature

M.S.

DEFENDANT'S  
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## TREATMENT PLAN

Name: Sally Hogan

Case Number: 48420

Date: 12/9/02

### DIAGNOSIS:

#### DSM IV:

AXIS I: 296.32B Major Depressive Disorder Recurrent Moderate 304.30C Cannabis Dependence with Physiological Early Full Remission 304.40B Amphetamine Dependence with remission

AXIS II: V71.09 No Diagnosis

AXIS III: None

AXIS IV: Problems with primary support group

AXIS V: GAF = 51 Current

#### TREATMENT PLAN:

##### GOALS AND ESTIMATED TIME FOR COMPLETION:

- #1) Develop the ability to recognize, accept, and cope with feeling of depression 6-12mos
- #2) Develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation of depression symptoms. 6-12 mos
- #3) Develop an increased awareness of physical relapse triggers and the coping strategies needed to effectively deal with them 6-12mos.
- #4) Achieve a quality of life that is substance free on a continuing basis. 6-12 mos

##### TREATMENT RECOMMENDATIONS, PLANNED SCHEDULE OF SERVICES, ISSUES TO BE ADDRESSED IN THERAPY:

IT monthly to address: self-image, self-esteem, coping strategies, physical exercise, social involvement, encourage client to attend AAINA programs.

F.T. as needed to increase coping skills

G.T. as needed to address mood, problem solving and for social participation

PMA as needed for evaluation and treatment

MM as needed

TPR, quarterly

I have actively participated in the formation and/or modification of this treatment plan.

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ Yes ☐ No ☐ I give consent for my family member/significant other to actively participate in the formulation and modification of my Treatment Plan.

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ Yes ☐ No ☐ Family member/significant other has actively participated in the formation and/or modification of this Individual Treatment Plan.

If YES, signature: \_\_\_\_\_

Date \_\_\_\_\_

If NO, reason: \_\_\_\_\_

Date \_\_\_\_\_

THERAPIST/COUNSELOR: \_\_\_\_\_

DATE: 12-09-02

*Patricia R. Smith, M.Ed.*

12/9/02

APPROVED BY: \_\_\_\_\_

DATE: 12/9/02

UPDATE 2/97 (PKB)

## INTAKE

NAME: Sally Hogan DOB: 08-06-51 CASE NO: 48420 DATE: 12-09-02

AGE: 51 SEX: Female MARITAL STATUS: Separated CHILDREN: 2

LIVING SITUATION: She lives along

REFERRAL SOURCE AND REASON FOR REFERRAL: Walk-in

CLIENT'S AND/OR PARENT'S STATEMENT OF PROBLEM: Client presented with crying spells and anxiety\panic attack. Client reported she have been having moments of crying, not wanting to get up out of bed. Client stated this past week she stayed in the bed from Thursday until this morning. The only time she got up was to go to the bathroom or eat something.

BRIEF HISTORY OF PROBLEM: Client reported being a recovering drug addiction, she used crank and some marijuana. Client states she lonely her daughter moved to Boaz to work six months ago, with her grandchildren, which she states was her "life". Client reported that when she gets off from work she goes home and gets in the bed. She states this keeps her from going out seeking drugs. Client reported quitting drugging "cold turkey".

RELEVANT MEDICAL BACKGROUND AND PREVIOUS PSYCHIATRIC/PSYCHOLOGICAL TREATMENT: client reported no background of psychiatric care in family

ALCOHOL/DRUG USAGE (IF CHILD, PARENT): client reported she used crank and marijuana with her son. She stated using alcohol socially.

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**FAMILY HISTORY:**

Relationships (spouse, parents, siblings, children, other). Note any family history of psychiatric, substance abuse, or legal problems.

Son used with her, no psychiatric care reported, some legal problems in the past, leaving the scene of an accident (paying off find).

**SOCIAL HISTORY:** Client reported being married, but husband left and have not been seen five years ago married for 10 years.

**PHYSICALLY VIOLENT BEHAVIOR:** Yes ( ) No (x) **FREQUENCY:**  
**TYPE:** Self ( ) Others ( ) Property ( )

**VERBALLY VIOLENT:** Yes ( ) No (x)

**PHYSICALLY ABUSED:** Yes (x) **EMOTIONALLY ABUSED:** Yes (x) **SEXUALLY ABUSED:** Yes (x)  
 No ( ) No ( ) No ( )

**HOBBIES/INTEREST:** Craft and Arts

**RELIGIOUS PREFERENCE:** Baptist

**EDUCATIONAL HISTORY:** Highest grade completed: 12 Average grades in school:

**Excessive Absences:** **Grades Retained:** **Special Education:**

**LEGAL HISTORY:** leaving the scene of a accident

**MILITARY HISTORY (If child, parents):** None

**WORK HISTORY:** (If child, parents):

**CURRENT WORK:**

<u>JOBS HELD</u>	<u>LENGTH</u>	<u>REASON FOR LEAVING</u>
Huddle House	3 yrs	Present

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**CURRENT MENTAL STATUS:**

AFFECT: Appropriate ( ) Inappropriate ( ) Blunted ( ) Flat (x)

MOOD: Calm( ) Labile( ) Elevated( ) Depressive(x) Anxious(x) Angry( )

**CHARACTERISTICS OF SPEECH:**

Normal(x) Blocking( ) Flight of ideas( ) Circumstantiality( ) Perseveration( )

ORIENTATION: Normal(x) DEFICITS: Person( ) Place( ) Time( ) Situation( )

MEMORY: Intact(x) Short term deficit( ) Long term deficit( )

ESTIMATED INTELLECTUAL RANGE: Average(x) Below Average( ) Above Average( )

JUDGEMENT: Poor( ) Average(x) INSIGHT: Poor( ) Average(x)

**SUICIDAL CONTENT:** Client reported suicide passed through her mind but she have never acted on it due to being to chicken and cannot stand the pain.

**CONTENT OF THOUGHT:**

Appropriate(x) Hallucinations( ) Delusions( ) Obsessions( ) Compulsions( )

**ADDITIONAL OBSERVATIONS:** Client came into the clinic crying, and anxious. Client cried throughout the intake process, with some relax techniques, she was calm before leaving the clinic.

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**DIAGNOSIS:**

AXIS I: 296.32B Major Depressive Disorder Recurrent Moderate  
304.30C Cannabis Dependence with Physiological Early Full Remission  
304.40B Amphetamine Dependence with Remission  
AXIS II: V71.09 No Diagnosis  
AXIS III: None  
AXIS IV: Problems with primary support group  
AXIS V: GAF = 51 Current

THERAPIST ASSIGNED FOR TREATMENT: 

DATE: 12-09-02

THERAPIST COMPLETING FORM: 

DATE: 12-09-02

*Jonathan H. Smith, M.Ed.* 12/9/02